

PART I - AGENCY INFORMATION

NAME AND ADDRESS OF AGENCY WHERE YOU ARE CURRENTLY EMPLOYED OR HAVE BEEN OFFERED EMPLOYMENT

☐ Licensed Residential Care Facility ☐ License-Exempt Residential Care Facility ☐ Child Placing Agency

PART II - IDENTIFYING INFORMATION

FULL LEGAL NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS OR NAMES USED WITHIN PAST 5 YEARS

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER/STATE

CURRENT PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER (MOBILE)

PHONE NUMBER (HOME)

EMAIL ADDRESS

OTHER ADDRESSES, PHONE NUMBERS, OR EMAIL ADDRESSES USED WITHIN PAST 5 YEARS (Includes residence, mailing, or business addresses)

PART III – BACKGROUND INFORMATION

Have you ever served on active duty in the Armed Forces of the United States and been discharged or released under conditions other than dishonorable (i.e., honorable, or general discharge/release)? ☐ YES ☐ NO

If yes, would you like information about veteran services? ☐ YES ☐ NO

Have you ever been found guilty, pled guilty, or nolo contendere of any criminal act in any state as listed in Appendix A?

☐ YES (Complete section below) ☐ NO

DATE OF OFFENSE

ADDRESS, CITY, STATE, COUNTY

COUNTY

OFFENSE DETAILS (Use extra page if needed)

Have you ever been listed as a perpetrator in any child abuse or neglect report in this state or any state?

☐ YES (Complete section below) ☐ NO

NAME/ADDRESS OF REGISTRY

DATE REGISTERED

DATE OF INCIDENT

INCIDENT DETAILS (Use extra page if needed)

Are you registered or required to register on any State Sex Offender Registry or the National Sex Offender Registry?

☐ YES (Complete section below) ☐ NO

NAME OF REGISTRY

OFFENSE (Attach details: Date of offense, statute number, name/address of court)

DATE OF PLEA, FINDING, JUDGEMENT,

I hereby certify under oath subject to the penalties of perjury that all of the information I have submitted is true, accurate and complete to the best of my knowledge; I understand that a violation of §210.493 RSMo may constitute a criminal offense and knowingly making a materially false statement in connection with a background check shall render me ineligible. I request and authorize the Department of Social Services perform a background check as provided in Section 210.493 RSMo and 13 C.S.R. 35-71.

SIGNATURE OF APPLICANT

DATE